दूसरी बात आपने जीओएम की कही। जीओएम की दो बैठकों हुई हैं, एक बैठक 10.4.2007 को हुई थी और दूसरी बैठक 12.9.2007 को हुई हैं। चूंकि जीओएम की बैठक चल रही हैं, अब जीओएम की बैठक में क्या बातचीत हुई, उसको मैं तब तक नहीं बता सकता हूं जब तक जीओएम अपनी रिकमंडेशंस कैबिनेट को नहीं दे देती हैं और कैबिनेट उस पर अंतिम निर्णय नहीं ले लेता है।

SHRIMATI N.P. DURGA: Sir, I would like to know from the hon. Minister whether it is true that the WHO and the Health Action International have conducted surveys in Haryana, Karnataka, West Bengal, Maharashtra, Rajasthan, Tamil Nadu and in some other States of the country in connection with the prices of medicine. If yes, what are the details of the survey; and what is the outcome of that survey? Is it not true that there is a wide gap between the manufacturing price and the private retail price, particularly in life-saving medicines, in the country? If yes, how is the Ministry planning to address this issue?

श्री राम विलास पासवान : सभापति जी, इसी सदन में मैंने कहा था कि बहुत सारी दवाइंया ऐसी हैं, जिनकी कीमत जो कॉस्ट ऑफ प्रोडक्शन हैं, उससे कई गुना अधिक हैं। चूंकि वे दवाइयां कंट्रोल में नहीं हैं, हमारे कंट्रोल से बाहर हैं, इसलिए हम उन पर कोई कार्रवाई नहीं कर पाते हैं। हम कार्रवाई उन्ही पर करते हैं, जो कंट्रोल में दवाइयां रहती हैं। मैंने इसी सदन में कहा था कि सेट्राजिन या नेमोसुलाइट, यह सब जेनरिक दवाइंया हैं, इनकी कॉस्ट आफॅ प्रोडक्शन जो है, वह जो होल सेलर को देते हैं वह एक रूपया बीस पैसा और मार्किट में एमआरपी लगा रहता हैं। 37/- रूपया, इसका मतलब हैं कि कॉस्ट ऑफ प्रोडक्शन 30 पैसा होगही। जैसा कि मैंने कहा कि उस पर हम कोई कार्रवाई इसलिए नहीं कर सकते हैं, क्योंकि डीकंट्रोल में हैं, उसके लिए एक ही कदम हैं कि हम उसको कंट्रोल में लाएं। कंट्रोल में लाने के लिए ही सुप्रीम कोर्ट के आदेशानुसार जो 354 लाइफ सेविंग ड्रग्स हैं और जो 74 पहले से अंडर कंट्रोंल हैं, ये सारी दवाइंया अगर कंट्रोल में आ जाती हैं, तो इससे बहुत बड़ी राहत गरीबों को मिलेगी और इसलिए इसके लिए सारी पॉलिसी हम कैबिनेट मे ले गए हैं। कैबिनेट के निर्णय के बाद फिर हम सदन को सूचित करेंगे।

CHAIRMAN: The Question Hour is over.

WRITTEN ANSWERS TO STARRED QUESTIONS

Electrification of Bangalore-Mumbai rail line

*224. SHRI RAJEEV CHANDRASEKHAR: Will the Minister of RAILWAYS be pleased to state:

(a) the present status in respect of electrification of Bangalore-Mumbai line;

(b) by when the work on this project is likely to be completed; and

(c) the budget sanction for the purpose for 2007-08 and the extent to which the same has been utilized by now?

THE MINISTER OF RAILWAYS (SHRI LALU PRASAD): (a) On Bangalore-Mumbai route, Mumbai-Pune section is already electrified and electrification of Pune-Wadi-Guntakal is being processed for obtaining the sanction of Ministry of Finance alongwith Daund-Gulbarga doubling. At present, there is no proposal to electrify the Guntakal-Bangalore rail line, *via* Dharmavaram.

(b) and (c) Do not arise.

Spread of Japanese Encephalitis in eastern Uttar Pradesh

†*225. SHRI UDAY PRATAP SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: (a) whether Government's attention has been drawn towards spread of Japanese

† Original notice of the question was received in Hindi.

Encephalitis in the eastern region of Uttar Pradesh, particularly in Gorakhpur and Basti Divisions;

(b) if so, the number of persons who died on account of this desease and the handicapped patients suffering from this disease;

(c) whether Government's attention had also been drawn to such type of disease during the previous years; and

(d) if so, the measures taken for prevention of this disease and the measures being taken for rehabilitation of handicapped persons suffering from this disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (d) Japanese Encephalitis (JE) is an outbreak prone viral infection having cyclic trend with seasonal phenomenon. Children below 15 years are mostly affected. Based on clinical systems, the cases are reported as case of Acute Encephalitis Syndrome (AES).

During 2007 (upto 23.11.2007), the State Health Authorities have reported 2450 cases of AES and 499 deaths in Uttar Pradesh. The test of 1477 cases confirmed 147 as JE. The total number of handicapped patients identified in the State during the year 2005 is 529. The number of handicapped patients during the years 2006 and 2007 is being identified.

The following steps have been taken by the Central Government for prevention and control of this disease.

* Standard guidelines for AES/JE surveillance has been disseminated.
* 15 sentinel sites with laboratory support have been identified for pro-active surveillance.
* JE diagnostic kits have been provided to the sentinel sites.
* One Apex Referral Laboratory at SGPGI Lucknow has been identified for advanced diagnosis.
* A Vector Borne Diseases Control Surveillance Unit has been set up at BRD Medical College, Gorakhpur, for field visits and for strengthening of surveillance activities with the financial assistance from Government of India.
* To strengthen the Department of Microbiology in B.R.D. Medical College, Gorakhpur, one Microbiologist and one Lab Technician have been appointed on contractual basis for the period of one year out of Government of India funds.
* A Sub-office of Regional Office of Health and Family Welfare, Lucknow, has been established and functioning in BRD Medical College Campus, Gorakhpur, since 2nd April, 2007.
* Rapid response teams have been constituted in each JE endemic districts and trained.
* Training courses for Microbiologists and Technicians of sentinel laboratories have been conducted.
* Preparedness for prevention and control of AES/JE for eastern U.P. is being reviewed regularly under the Chairmanship of Additional Director General and Director,

National Institute of Communicable Diseases, Government of India, who is incharge of Disease surveillance in eastern UP, and meetings with the concerned officers/ experts of the Government of India, World Health Organisation, State Government and ROH&FW are being held regularly.

* JE vaccination campaign with live attenuated vaccine in the age group of 1-15 years was launched in 2006. This campaign is being followed by its integration in Universal Immunization Programme (UIP) covering new cohorts (Children 1-2 years of age). 7 districts of Uttar Pradesh *viz.* Gorakhpur, Deoria, Kushi Nagar, Maharajganj, Lakhimpur Kheri, Siddharth Nagar and Sant Kabira Nagar were covered under JE vaccination campaign during 2006. In 2007, the JE vaccination was implemented in 11 districts of Uttar Pradesh *viz.* Ambedkar Nagar, Behraich, Balrampur, Barabanki, Basti, Gonda, Mau, Rai Bareily, Saharanpur, Sitapur and Sravasti with 97% coverage overall. For 2008, the campaign has been planned for another 9 districts of Uttar Pradesh *viz.* Lucknow, Sultanpur, Hardoi, Muzaffarnagar, Azamgarh, Bareily, Ballia, Unnao and Faizabad.

* The essential drugs and disposables for the management of AES/JE cases are being supplied to the State Government. Supply of insecticides, larvicides and bed nets for personal protections etc. is also made.

* Close monitoring and supervision and periodic review is done regularly.

* Multidisciplinary Central teams comprising of neurologist, epidemiologist, microbiologist and entomologist have been visiting the districts since August, 2007. Based upon their observation and recommendation, control measures have been stepped up. Since only 15% of AES cases are being diagnosed as JE, team from National Institute of Virology (NIV), Pune, took samples for detailed investigation and isolation of any other organism(s).

* A field unit of NIV, Pune at BED Medical College, Gorakhpur, is being set up.

* Improving cleanliness and sanitation in and around residential areas through activities to be undertaken by Village Health and Sanitation Committees under NRHM.

As far as rehabilitation of handicapped persons suffering from this disease is concerned, as the rehabilitation of handicapped persons is a State subject, the State Government is taking actions as per their plans. But some of the actions which have been specifically undertaken by the State Government, including some of the rehabilitation measures, are as follows:

* Daily case reporting of AES cases is being continued.

* Treatment of AES cases is provided in the Pediatric Department of BRD Medical College and district hospital, Gorakhpur.

* AES cases and deaths are verified in the villages.

* Line listing of the cases is being done.

* Vector control operations include fogging is being done in surrounding house of confirmed J.E. cases.

* IEC activities for prophylactic measures and early cases reporting.

* Sero-diagnostics of the samples received from hospitals are being carried out in the Microbiology Department of Gorakhpur Medical College, district hospital Gorakhpur and other sentinel sites at Sidharthnagar, Basti, Deoria, Kushi Nagar, Maharajganj and Kheri.

* Follow up of AES cases after getting discharged.

* Rs. 50,000/- was paid as financial assistance to each of 529 handicapped persons identified in the year 2005.

* A rehabilitation centre is being established at BRD Medical College, Gorakhpur.

Sterilization performance

*226. SHRIMATI SUPRIYA SULE:
SHRIMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether concerned over a decline of 4.3 per cent in sterilization performance in the country, his Ministry has further enhanced the compensation package for loss of wages to people who adopt family planning methods and the compensation has been doubled for men undergoing vasectomy to boost male participation in family planning;

(b) whether this is the second revision within a year; and

(c) if so, to what extent would this second revision help in implementing the family planning schemes?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) A Statement indicating State/UT-wise sterilisation performance since the year 2002-03 is enclosed *(See* below). The performance of the sterilisation operation has shown a declining trend in the last few years inspite of provisioning of sterilization services free of cost at all public health facilities as well as involvement of the private accredited facilities in the EAG States (Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chhattisgarh, Uttarakhand, Orissa).

Accordingly in October, 2006, the compensation package was revised from Rs. 400/- to Rs.800/- for EAG States for all categories and from Rs. 300/- to Rs.800/- for tubectomy and Rs. 200/- to Rs. 800/-for Vasectomy in Non-EAG States for Below Poverty Line (BPL) acceptors only. Since this revision in the compensation package failed to reverse the declining trend, the compensation package was further enhanced from 7th September, 2007. In the current revision, the rates for Vasectomy has been increased from existing Rs. 800/- to Rs. 1500/-(Rs.1100 is for acceptor) for all categories in all States and Tubectomy from Rs. 800/- to Rs. 1000/- (Rs. 600 is for acceptor) to all categories in High focus States (Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chhattisgarh, Uttarakhand, Orissa Jammu and Kashmir, Himachal Pradesh, Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Tripura, Sikkim) and BPL/SC/ST population in Non High focus States (Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Maharashtra, Goa, Gujarat, Punjab, Haryana, West Bengal, Delhi, Chandigarh, Puducherry, Andaman and Nicobar Islands, Lakshadweep and Minicoy Islands, Dadra and Nagar Haveli, Daman and Diu) in public health facilities. However for APL categories in Non-High Focus state, a package of Rs. 650/- (Rs.250 for acceptor) has been provided for tubectomy only.